APPLICATION DATA SHEET

Application Information		
Application Number::		
Filing Date::	Herewith	
Application Type::	Regular	
Subject Matter::	Utility	
Suggested Classification::		
Suggested Group Art Unit::		
CD-ROM or CD-R::	None	
Number of CD disks::		
Number of Copies of CDs::		
Sequence Submission?::	Yes	
Computer Readable Form (CRF)?::	No	
Number of Copies of CRF::	0	
Title::	PREVENTION AND TREATMENT OF HYPERGASTRINEMIA	
Attorney Docket Number::	ACG2BUSA .	
Request for Early Publication?	No	
Request for Non-Publication?	No	
Suggested Drawing Figure::		
Total Drawing Sheets::	12	
Small Entity::	Yes	
Latin name::		
Variety denomination name		
Petition Included::	No	
Petition Type		
Licensed US Govt. Agency::		
Contract or Grant Number::		
Secrecy Order in Parent Application::		
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Applicant Information		
Applicant Authority Type::	Inventor	
Primary Citizenship Country::	United States of America	
Status::	Full Capacity	
Given Name::	Philip	
Middle Name::	C.	
Family Name::	Gevas	
Name Suffix::		
City of Residence::	Key Biscayne	
State or Province of Residence::	Florida	
Country of Residence::	United States of America	
Street of Mailing Address::	881 Ocean Drive #23D	
City of Mailing Address::	Key Biscayne	
State or Province of Mailing Address::	Florida	
Country of Mailing Address::	United States of America	
Postal or Zip Code of Mailing Address::	33149	

Applicant Information		
Applicant Authority Type:: Inventor		
Primary Citizenship Country::	United States of America	
Status::	Full Capacity	
Given Name::	Stephen	
Middle Name::	· · · · · · · · · · · · · · · · · · ·	
Family Name::	Grimes	
Name Suffix::		
City of Residence::	Davis	
State or Province of Residence::	California	
Country of Residence::	United States of America	
Street of Mailing Address::	551 Rutgers Drive	
City of Mailing Address::	Davis	
State or Province of Mailing Address::	California	
Country of Mailing Address::	United States of America	
Postal or Zip Code of Mailing Address::	95616	

Applicant Information		
Applicant Authority Type:: Inventor		
Primary Citizenship Country::	United States of America	
Status::	Full Capacity	
Given Name::	Stephen	
Middle Name::		
Family Name::	Karr	
Name Suffix::		
City of Residence::	Davis	
State or Province of Residence::	California	
Country of Residence::	United States of America	
Street of Mailing Address::	2265 Halsey Circle	
City of Mailing Address::	Davis	
State or Province of Mailing Address::	California	
Country of Mailing Address::	United States of America	
Postal or Zip Code of Mailing Address::	95616	

Applicant Information		
Applicant Authority Type::	Inventor	
Primary Citizenship Country::	United States of America	
Status::	Full Capacity	
Given Name::	Dov	
Middle Name::		
Family Name::	Michaeli	
Name Suffix::		
City of Residence::	Larkspur	
State or Province of Residence::	California	
Country of Residence::	United States of America	
Street of Mailing Address::	21 Marina Vista Avenue	
City of Mailing Address::	Larkspur	
State or Province of Mailing Address::	California	
Country of Mailing Address::	United States of America	
Postal or Zip Code of Mailing Address::	94939	

Applicant Information		
Applicant Authority Type::	Inventor	
Primary Citizenship Country::	United Kingdom	
Status::	Full Capacity	
Given Name::	Susan	
Middle Name::		
Family Name::	Watson	
Name Suffix::		
City of Residence::	Edwalton	
State or Province of Residence::	Nottingham	
Country of Residence::	United Kingdom	
Street of Mailing Address::	5 Seatolla Close	
City of Mailing Address::	Edwalton	
State or Province of Mailing Address::	Nottingham	
Country of Mailing Address::	United Kingdom	
Postal or Zip Code of Mailing Address::	NG2 6RB	

Correspondence Information		
Correspondence Customer Number::	00270	
Name::	Howson and Howson	
Street of Mailing Address	Spring House Corporate Center, Box 457	
City of Mailing Address	Spring House	
State or Province of Mailing Address	Pennsylvania	
Country of Mailing Address	US	
Postal or Zip Code of Mailing Address::	19477	
Phone Number::	215-540-9200	
Fax Number::	215-540-5818	
E-Mail Address::	mebak@howsonandhowson.com	

Representative Information		
Representative Customer No. 00270	Registration Number	Name

	Domestic Price	ority Information	
Application	Continuity Type	Parent Application	Parent Filing Date
This Application	Continuation of	09/700,329	02/08/01
09/700,329	National Stage of	PCT/US99/10751	05/14/99
PCT/US99/10751	An application claiming the benefit under 35 USC § 119(e)	60/085,714	05/15/98

Assignee Information		
Assignee Name::	Aphton Corporation	
Street of Mailing Address::	Brickell Bay View Center 80 SW 8th Street Suite 2160	
City of Mailing Address::	Miami	
State or Province of Mailing Address::	Florida	
Country of Mailing Address::	United States of America	
Postal or Zip Code of Mailing Address::	33130-2492	